

MISSOURI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002360

STATE FILE NUMBER

AMENDED

Registration District No. 163

Primary Registration District No. 3396

Registrar's No. 1

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VALLE		Length of stay in 1b 68 YRS.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #1 DE SOTO, Mo.		d. STREET ADDRESS (If outside, give location) Rt. # 1	
3. NAME OF DECEASED (Type or print) First ISAAC Middle ELVEN Last BURNS		4. DATE OF DEATH Month JAN. Day 9 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/10/93
9. AGE (last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and state or country) VALLE MINES Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME I.N. BURNS		13b. MOTHER'S MAIDEN NAME NANCY HAVERSTICK	
14. NAME OF HUSBAND OR WIFE HILDA BURNS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I.	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT DA HILDA BURNS DESOTO Mo. Rt. # 1	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5:00 PM	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CORNER'S VIEW		20f. CITY, TOWN, OR LOCATION DESOTO	
20g. COUNTY Mo.		20h. STATE Mo.	
21. I attended the deceased from 6:00 P and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James C. Felt		22b. ADDRESS Fector, Mo.	
22c. DATE SIGNED 1-9-62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 1/12/62		23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	
23d. LOCATION (City, town, or county) DESOTO Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR DIETRICH F. HOME		25. DATE RECD. BY LOCAL REG. 1-12-1962	
26. REGISTRAR'S SIGNATURE Marie F. Harris		27. ADDRESS DESOTO Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1962

FEB 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Donald B. Dietrich

Licensed Embalmer No. _____

4404

P. O. Address _____

Delato Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.